

EXHIBIT “D”

April 20, 2023

JENNA HOUGH PARALEGAL
FELDMAN SHEPHERD WOHLGELERNTER TANNER WEINSTOCK &
1845 WALNUT STREET
21ST FLOOR
PHILADELPHIA PA 19103

Re: Brandon P Peterson
SSN: ###-##-3820

Dear Jenna Hough Paralegal:

Pursuant to your letter dated April 18, 2023, the Department of Human Services (DHS), Third Party Liability (TPL) - Casualty Unit, has reviewed the information you provided regarding the above-referenced individual.

DHS has determined this individual stopped receiving medical assistance on May 12, 2011. Therefore, the Department's TPL - Casualty Unit has no claim on this individual.

If this case has already settled, in the event you bring any action against another party that may result in further recovery, you must comply with the statutory notice requirement pursuant to §1409(b)(5), as the Department reserves its right to seek recovery of medical claims we paid related to this incident.

Please contact DHS within thirty (30) days of settlement or thirty (30) days prior to a hearing regarding damages for this incident so that DHS can determine if there is a claim at that time.

If you have any questions, please feel free to contact me.

Sincerely,

Third Party Liability Recovery Unit
1-866-850-8117
717-772-6553 FAX

May 12, 2023

1 of 1 R:109



109 1 MM 0.546

***MIXED AADC 720 R:109 T:2 P:2 PC:1 F:2291406

FELDMAN SHEPHARD WOHLGELERNTER TANNER WIENSTOCK

1845 WALNUT ST FL 21

PHILADELPHIA, PA 19103-4720

Beneficiary/Claimant: Brandon Peterson
Date of Incident: December 22, 2020
Document Control Number: 25042023-0000690

Subject: Unable to Identify Beneficiary

Dear Feldman Shephard Wohlgelernter Tanner Wienstock:

The Benefits Coordination & Recovery Center (BCRC) received a request regarding the above-referenced individual.

Please be advised, we are not able to confirm Medicare coverage for this individual. Please contact the beneficiary/claimant to obtain the correct Medicare ID from their red, white and blue Medicare identification card and resubmit your letter.

If the correct Medicare ID cannot be obtained, please contact the Social Security Administration (SSA) at 1-800-772-1213 to verify Medicare entitlement.

If you have any questions concerning this matter, please contact the BCRC by phone at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for hearing/speech impaired), in writing at the address below, or by fax at 405-869-3309. When sending correspondence, please include the Beneficiary Name and Medicare ID.

Sincerely,
BCRC Case Analyst

